

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010718

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 147 Primary Registration District No. 4234 Registrar's No. 35

FILED MAR 19 1962

VS 300
Rev. 4/59

0470
20470

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4 0
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12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Iron</u>		a. STATE <u>Missouri</u> COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		c. CITY OR TOWN <u>Arcadia</u>	
Length of stay in lb <u>15</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>GUY</u> Middle <u>McHENRY</u> Last <u>MILLER</u>			Month <u>March</u> Day <u>11</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10 Oct 1896</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead mines</u>	11. BIRTHPLACE (City and state or country) <u>Arcadia, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Sidney Miller</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Propst Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW1</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Glenwood Miller, Ironton, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>14 mos</u>
IMMEDIATE CAUSE (a) <u>Carcinoma of Col Rectum -</u>			?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastasis of Cancer -</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>2-7-62</u> to <u>3-11-62</u> and last saw him alive on <u>3-11-62</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George A. White - M.D.</u>		22b. ADDRESS <u>Ironton - Mo.</u>	22c. DATE SIGNED <u>3-12-62</u>
23a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/13/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Mem. Pk.</u>	23d. LOCATION (City, town, county) (State) <u>Ironton, Mo.</u>
24. FUNERAL DIRECTOR <u>White Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>
Address <u>Ironton, Mo.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

MAR 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.